

48-478-C 287364 2019-12-A 28736 PA

ANDREW O. ISAR

4304 92<sup>ND</sup> AVENUE NW GIG HARBOR, WA 98335 253.851.6700 WWW.MILLERISAR.COM

Via Overnight Delivery

September 11, 2019

Ms. Joceyln Boyd Chief Clerk South Carolina Public Service Commission 101 Executive Center Drive Columbia, SC 29210

Re: Network Billing Systems, L.L.C. Name and Contact Change Notification

Dear Ms. Boyd:

Network Billing Systems, L.L.C. ("Company") hereby notifies the South Carolina Public Service Commission ("Commission") that the Company is changing its name to **Fusion LLC** ("Fusion"), effective immediately.<sup>1</sup> Evidence of Fusion's Secretary of State amended name registration is attached.

The Company maintains a Certificate of Public Convenience and Necessity ("Certificate") to provide competitive interexchange telecommunications services in the State of South Carolina.<sup>2</sup> The Company provides service exclusively to commercial subscribers. This change in corporate name will have no effect on the services offered to South Carolina customers. The Company respectfully requests that the Commission approve its name change and amend the Company's certification and Commission records to reflect the Fusion LLC name, as appropriate.

The Company's replacement tariff, South Carolina P.S.C. Tariff No. 2, reflecting the Company's new name and address<sup>3</sup> is being submitted via the Commission's Etariff electronic tariff filing system. The tariff remains otherwise unchanged.

<sup>&</sup>lt;sup>1</sup> Unless otherwise directed by the Commission.

<sup>&</sup>lt;sup>2</sup> See, Application of Network Billing Systems, L.L.C. for a Certificate of Public Convenience and Necessity to Operate as a Reseller of Interexchange Telecommunications Services within the State of South Carolina, Docket No. 98-478-C, Order Granting Certificate, Order No. 98-990 (December 14, 1998).

<sup>&</sup>lt;sup>3</sup> See, Letter from Andrew Isar, Miller Isar, Inc. on behalf of Network Billing Systems, L.L.C. to Joceyln Boyd, Chief Clerk, South Carolina Public Service Commission (May 3, 2018).

Ms. Joceyln Boyd September 11, 2019 Page 2

The Company also advises the Commission of a change in Company regulatory contact. Effective immediately, all Commission communications regarding the Company should be directed to:

Mr. Ronald A. Sheehan Director of Regulatory Compliance Fusion LLC 210 Interstate Parkway Atlanta, GA 30339

Telephone:

781-519-7424

Email:

Ronald.Sheehan@fusionconnect.com

An Authorized Utility Representative Form reflecting the Company's new name and contact information is attached.

Thank you for your attention to this matter. Questions may be directed to the undersigned.

Sincerely,

MILLER ISAR, INC.

Andrew O. Isar

Consultants to

Network Billing Systems, L.L.C. (nka Fusion LLC)

Attachment

cc: Office of Regulatory Staff

## The State of South Carolina



## Office of Secretary of State Mark Hammond

## **Certificate of Authority**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Fusion LLC, a limited liability company duly organized under the laws of the State of New Jersey, and issued a certificate of authority to transact business in South Carolina on July 2nd, 1998, with a duration that is until December 31st, 2047, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-1006, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 5th day of September, 2019.

Mark Hammond, Secretary of State

ı	Telecom	munications Carr		
*	CERTIFICATE	D COMPANY INFÓR	RMATION	
Company Name: Fusion LLC			FEIN;	
DBA/FKA: Network Billing Systems, L.L.C.			Telephone #973.638.2100	
Mailing Address: 2	10 Interstate Parkway			
City: Atlanta	State: G	A	ZIP Code: 30339	
ILEC	IXC Order 98-990	CLEC	Wireless ETC	
	REGISTER	D AGENT INFORM	ATION	
Registered Agent:	REGISTERED AGENT SOLUTION	ONS, INC.		
Mailing Address: 3	17 RUTH VISTA RD.			
		outh Carolina	ZIP Code: 29073	

## As required by Commission rules and regulations Print or type company contact person and contact information for the areas listed below:

and the same of th	บรับไม่	Y REPRESENTATIVE INFORMAT	rion , , ,	
General Manager				
Name: Joseph Haines, Senior Vid	e President - 0	Operations		
Address: 420 Lexington Ave, Sui	te 300			
City: New York		State: NY	ZIP Code: 10170	
Phone: 888.301.1721	Email:		Fax:	
Emergency Contact - Non	Office Hou	ırs		
Name: Ronald Sheehan				
Phone: 781.519.7424 Email: Ron		ald.Sheehan@fusionconnect.com	Fax:	
Customer Relations/Comp	olaints Rep			
Name: Ronald Sheehan				
Address: 210 Interstate Parkw	ay, Suite 300	)		
City: Atlanta		State: GA	ZIP Code: 30339	
Phone: 781-519-7424	Phone: 781-519-7424 Email: rona		Fax:	
Complaints Rep for Comp	laint Escala	tion		
Name: Pamela Hintz				
Address: 210 Interstate Parkw	ay, Suite 300	)		
City: Atlanta		State: GA	ZIP Code: 30339	
Phone: 978.848.2055	Email: pam	ela.hintz@fusionconnect.com	Fax:	
Customer Toll Free Conta	ct Number:	888.301.1721		
Engineering Operations				
Name: Ronald Sheehan				
Address: 210 Interstate Parkw	ay			
City: Atlanta		State: GA	ZIP Code: 30339	
Phone: 781-519-7424 Email: rona		ald.sheehan@fusionconnect.com	Fax:	
Test and Repair				
Name: Ronald Sheehan				
Address: 210 Interstate Parkw	ay			
City: Atlanta		State: GA	ZIP Code: 30339	
Phone: 781-519-7424 Email: rona		ald.sheehan@fusionconnect.com	Fax: 30339	

	UTILI	TY REPRESENTATIVE INFOR	RMATION		
Regulatory Officer					
Name & Title: James Prenetta,	General Coun	sel			
Address: 420 Lexington Avenue	Suite 1718,				
City: New York	City: New York		State: NY		
Phone: (212) 201-2425	Email: JPr	renetta@fusionconnect.com		Fax:	
Annual Report Form Mali	ings				
Name & Title: Ronald Sheehan	, Director, Reg	gulatory Compliance			
Address: (see above)					
City:		State:	· · · · · · · · · · · · · · · · · · ·	ZIP Code:	
Phone:	Email:				
Dual Party Invoice Mailin	gs				
Name & Title: Ronald Sheehar	, Director, Re	gulatory Compliance			
Address: (see above)					
City:		State:		ZIP Code:	
Phone:	Email: Fax:		Fax:		
Universal Service Fund M	allings				
Name & Title: Ronald Sheehan	, Director, Reg	gulatory Compliance			
Address: (see above)				· · · · · · · · · · · · · · · · · · ·	
City:	City:			ZIP Code:	
Phone:	Phone: Email:				
Gross Receipts Mailings					
Name & Title: Ronald Sheehan	, Director, Reg	gulatory Compliance			
Address: (see above)					
City:	City:			ZIP Code:	
Phone:	Email:		Fa	x:	
Lifeline Contact					
Name & Title: Ronald Sheehan	, Director, Rec	gulatory Compliance			
Address: (see above)					
City:		State:	ZI	IP Code:	
Phone:	Email:	l: Fax:			

FORM PREPARER INFORM	MATION			
This form was completed by: Ronald A. Sheehan				
Signature: / by / / /				
Title: Director of Regulatory Compliance	Date: September 10, 2019			

RETURN COMPLETED FORM TO:

Public Service Commission of SC Docketing Department

101 Executive Center Drive, Suite 100

Columbia, SC 29210

AND Att

Office of Regulatory Staff Attn. Karl Munn 1401 Main Street, Suite 800 Columbia, SC 29201